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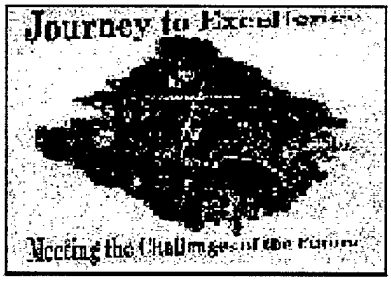
NAVY MEDICAL DEPARTMENT



FISCAL YEAR 1997 ANNUAL PLAN

20 December 1996

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MESSAGE FROM THE SURGEON GENERAL OF THE NAVY

I am proud to present the Navy Medical Department's FY 97 Annual Performance Plan. This is the product of several years of cultural change in Navy Medicine and continuous improvement in our strategic planning process. The process of change began with the publication of our first Strategic Plan, "Journey to Excellence," in 1992 which was updated in 1995 with "Journey to Excellence: Meeting the Challenges of the Future." The culmination of these efforts resulted in the development and implementation of an Annual Planning Process in 1996.

In FY 96, Navy Medicine implemented its first 19 performance objectives with at least one metric for each of the goals of our Strategic Plan - Readiness, People, Technology, Stewardship, and Health Benefit. These objectives were used to measure the important elements in meeting our goals. In FY 97, we continue the progress started in FY 96, with performance objectives that support the four performance improvement initiatives I have stressed since becoming Surgeon General: taking healthcare to the deckplates; moving information, not people; business process reengineering; and, successful implementation of TRICARE. In addition, these objectives are in concert with ongoing focused improvements which support Fleet and Marine Corps forces worldwide.

We have implemented an annual planning and performance measurement process at the highest level of the Navy Medical Department. This process will serve as an example for planning at all levels of command. Analysis of the performance indicator data being collected will provide information to facilitate enlightened, data-driven decisions as we strive to meet and exceed our Strategic Plan's goals throughout Navy Medicine.

HAROLD M. KOENIG
Vice Admiral, Medical Corps
United States Navy

EXECUTIVE SUMMARY

Navy Medical Department Performance Plan
Fiscal Year 1997

The Navy Medical Department defined its first performance objectives in support of the Strategic Plan in FY96, and continues to make improvements. This, our first published Annual Performance Plan, incorporates changes and additions resulting from reviews of our FY96 Performance Report, incorporation of the goals and strategies from our Strategic Plan, consideration of the Government Performance and Results Act (GPRA), as well as improvements initiated internally.

The Navy Medical Department is responsible for ensuring the availability of healthy people to meet the Department of the Navy's wartime and day-to-day operational readiness missions. We meet this mandate through delivery of health care services by our people in forward deployed medical forces, on board combatant vessels, in hospital ships, in Medical Treatment Facilities and Dental Treatment Facilities, and with the Fleet Marine Force. This Performance Plan describes performance objectives and sets targets within each of the Strategic Plan Goals.

The performance objectives were selected to focus on specific outcomes to be achieved during this fiscal year and the next, in concert with higher level objectives, thus providing a clear sense of direction. Individual performance indicators have been defined, new ones have been developed, and target values have been provided where available.

Performance objectives are presented in terms of Navy Medicine's five strategic goals: Readiness, People, Technology, Stewardship, and Health Benefit.

The Navy Medical Department performance indicators are presented on the following page.

FY97 Performance Indicators

	PERFORMANCE INDICATORS	Carry Over	Revised	New	MONITOR & TRACK
1	Augmentation billets for platforms have matching personnel.		X		MED-02/MED-07
	1a) Reserve		X		MED-07
	1b) Active Duty	X			MED-02
2	Administrative requirements met for platforms	X			MED-02
3	Deployable medical platforms at designated phased readiness.	X			MED-02/MED-04 N931
4	Dental readiness		X		MED-06
5	Sealants for Recruits			X	MED-06
6	Platform Training Opportunity			X	MED-02/N931
7	Active and reserve inventory 95% of BA		X		MED-05/MED-07/ CORPS CHIEFS
8	Fleet Hospital Training			X	MED-05/MED-02/ MED-07/N931
	8a) Active Duty Hospitals			X	MED-05/MED-02
	8b) Reserve Hospitals			X	MED-05/MED-02/ MED-07
9	Customer Service Training			X	MED-05/MED-03
10	Deployment of Ambulatory Data System by end FY97	X			MED-09D
11	Ambulatory Data System Usage			X	MED-09D
12	E-mail connectivity	X			MED-09D
13	Deployment of CHCS version 4.4 by end FY97		X		MED-09D
	13a) MTFs		X		MED-09D
	13b) DTFs			X	MED-09D
	13c) Fleet			X	MED-09D
	13d) CHCS Version 4.5 to all installed CHCS sites				
14	VTC Utilization			X	MED-09D
15	WWW Access			X	MED-09D
16	Financial management training		X		MED-05/MED-01
17	Overall system performance		X		MED-01/MED-06
	17a) Capitated dollars per Beneficiary		X		MED-01
	17b) Medical/Dental Workload per Beneficiary	X			MED-01/MED-06
18	Financial Data Reporting Integrity (Baseline in FY97)			X	MED-01
19	Hepatitis B rates per 1000 Active Duty		X		MED-02/MED-03
20	Syphilis rates per 1000 Active Duty		X		MED-02/MED-03
21	New HIV cases		X		MED-02/MED-03
22	Remedial weight loss program		X		MED-02/MED-03
23	PRT Waivers		X		MED-02/MED-03
24	TRICARE enrollment	X			MED-03
25	TRICARE disenrollment		X		MED-03
26	TRICARE Access Standards			X	MED-03
27	Dental Prophylaxis for Active Duty Personnel			X	MED-06
28	Health Risk Appraisal Program (Baseline FY97)			X	MED-02/MED-03
29	TRICARE Enrollee Immunization Rates (Baseline FY97)			X	MED-02/MED-03
30	Smoking Cessation (Baseline Establishment FY97)			X	MED-02/MED-03

I. INTRODUCTION

Charlie Golf One

The motto of the Navy Medical Department is depicted by the four signal pennants that fly beneath the American flag at all Navy medical and dental facilities. The topmost pennant, the international answering pennant, indicates that Navy Medicine worldwide will answer any distress call. The remaining three pennants, Charlie, Golf, and One, say that Navy Medicine is here, prepared, and ready to assist. Since distress, be it routine or an emergency, in peacetime, or in conflict, has no parameters and follows no schedule, the Medical Department's creed must be readiness.

Navy Medicine Overview:

The Navy Medical Department provides a comprehensive health care benefit to its nearly 2.5 million beneficiaries, including Active Duty Sailors and Marines, their families, and survivors and retirees and their families. This entitlement has grown over the years from the initial requirement to provide health care to assure a healthy fighting force to that of providing a comprehensive health benefit as part of an overall employee compensation package essential to attracting and maintaining necessary people to meet the Department of the Navy's (DON's) all volunteer force and its mission requirements.

The *raison d'etre* of the Navy Medical Department is its requirement to ensure the availability of healthy people to meet the DON wartime and day-to-day operational readiness missions. We meet this mandate through delivery of health care services by forward deployed medical forces, including hospital corpsmen, dental technicians, physicians, dentists, nurses and other health care professionals, on board combatant vessels, in hospital ships, in overseas (OCONUS) Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs), and with the Fleet Marine Force (FMF). In the continental United States (CONUS), through a direct care system of MTFs, DTFs, and clinics, we provide training and support for forward deployed medical units, additional primary care services, secondary and tertiary levels of care to Active Duty DON and other uniformed service members. The CONUS direct care system is the launching pad from which the forward deployed medical forces receive their initial training and to which they return to maintain their clinical expertise. This system also provides a rotation base for relief from operational assignments and duty OCONUS.

While meeting training and rotation base requirements, care delivered in the CONUS direct care system also provides the peacetime part of the health care benefit to Active Duty family members, survivors, and retirees and their families. However, not all care for these beneficiaries can be accommodated in the CONUS direct care system. The remainder of this health care benefit is met through TRICARE. TRICARE is a "managed-care" health care program managed by the military in partnership with civilian contractors. While all Active Duty are enrolled in TRICARE Prime, TRICARE offers the remaining beneficiaries three choices for

their health care: TRICARE Standard, a fee-for-service option which is the same as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); TRICARE Extra, a preferred provider option that saves money over Standard; and TRICARE Prime, an option similar to civilian health maintenance organizations (HMO).

II. STRATEGIC PLANNING

Mission:
We are the Medical Department of the United States Navy. Our mission is to ensure the health of our Sailors and Marines so that they are physically and mentally ready to carry out their worldwide mission. We will accomplish this with a comprehensive health promotion program and, when illness or injury intervenes, we will be there to restore optimal health. We strive continually to provide this same level of quality health care services to the families of Active Duty members and to all others entrusted to our care.

Vision

We are the Medical Department of the United States Navy.
We are committed to providing an environment of health care excellence in which:

- All entrusted to our care proudly view Navy Medicine as their preferred source of health care.
- Health care professionals view Navy Medicine as a superior arena for realizing their professional growth and satisfaction.
- Health care organizations view the Navy Medical Department as a paradigm of excellence.
- Fleet and field commanders view Navy Medicine as fully capable of providing optimal, timely, and comprehensive health care to their Sailors and Marines worldwide in peace and war.
- Our people view themselves as empowered members of the world's finest health care team.

Strategic Goals:
Navy Medicine's five Strategic Goals guide the organization toward its future vision. The five goals are: Readiness, People, Technology, Stewardship, and Health Benefit.

Readiness
The readiness goal emphasizes Navy Medicine's commitment to ensuring that Navy and Marine Corps personnel are fit to fight. This fitness is achieved through health promotion and preventive measures and through the provision of appropriate and timely medical care. To achieve the latter during military operations, we must develop our concepts of health service support in concert with the evolving concept of operational maneuver embodied in "Forward ...From the Sea". We will organize, equip, and train accordingly.

Navy Medicine will achieve this goal through its own successful programs of health promotion and fitness; platform focused, mission specific, individual and unit training; and strong research, development, and technology integration efforts.

People

We in the Navy Medical Department view our people as our most important resource. The "people goal" recognizes two broad principles which must apply: first, Navy Medicine will retain the best of the people it recruits; and, second, the best people will want to remain a part of Navy Medicine because of the challenge, training, professionalism, and overall environment Navy Medicine fosters. These will occur within the framework of a seamless active and Reserve force, capable of carrying out our primary mission of readiness. By these actions Navy Medicine will nurture and recognize the value of its primary resource.

Technology

Technology integration is an important force multiplier for the Navy Medical Department, because it will allow us to maximize our mission accomplishment. The "technology goal" recognizes that such leveraging will occur as we improve our use of existing and newly developed technology and systems. The goal also covers the broad spectrum of technology and systems, including: the Composite Health Care System (CHCS), automated clinical records, digital radiology, telemedicine, and comprehensive data administration. Further, for new and emerging technology, transfer of information needed for the practice of medicine within the military health care system must pass smoothly between providers and platforms, regardless of service or location. Therefore, transmission of digital data must use open architecture protocols common to all elements of the Department of Defense. Technology must support continuity of care over the full period of eligibility for the Department of Defense health benefit and across all potential venues of care.

Stewardship

To move beyond the paradigm of resource constraints, the Navy Medical Department accepts the responsibility to accomplish its mission with continuous improvements in efficiency. The Navy Medical Department will lead in the efficient and effective management and use of constrained financial, personnel, facility, and logistical resources. Improving the operation of our enterprise is a matter of fiscal prudence and proper stewardship requiring individual and organizational competence and ingenuity. This will be achieved through the empowerment and commitment of our personnel.

The Navy Medical Department will advocate multi-year funding to the Navy and the Department of Defense as a means of supporting this goal. Well-conceived facility master plans, supported by multi-year funding, will contribute to optimal use of our resources. These will require us to size and staff our infrastructure and operations appropriately at all levels of our organization to maximize medical readiness; and to deliver those services which are appropriate for effective and efficient health maintenance and restoration.

Health Benefit

Recent years have witnessed fundamental changes in the way health services are organized, delivered, and paid for, both in civilian and military sectors. The "health benefit goal" reflects our recognition that the future success of our system will

depend on the Navy Medical Department meeting the challenges of change. Navy Medicine should address a number of key issues. Beneficiaries - active, retired, and family members, should have access to a uniform benefit which is managed, marketed, and delivered in an integrated system. We will ensure that those under our care have access to information necessary for informed personal choices concerning healthy living and selection of medical care. Whether we directly provide, or manage services provided by others, our system should be recognized for quality and value. We also understand that Navy Medicine will provide care within the Military Health Services System. This will require participation and cooperation with the Office of the Assistant Secretary of Defense for Health Affairs and the other Services.

III. PERFORMANCE PLAN SUMMARY

The scope of the Navy Medical Department Performance Plan is the entire organization, encompassing our MTFs, DTFs, and other support functions. Within each of the goals, Navy Medicine has identified specific indicators to track.

CHANGES FROM FY96 PERFORMANCE PLAN

After reviewing data availability, performance, and feedback on our FY96 plan, Navy Medicine's senior leadership made changes to a number of the performance indicators. From last year's Performance Plan: two of the indicators were considered complete, but modified for the new year; two were removed, since they will be tracked as part of the MHSS indicators; five were carried over to this year's plan unrevised; and the remaining ten have been carried over revised. The intention is to more accurately identify indicators that will provide meaningful information to be used by senior leaders in decision making.

All of the FY96 indicators were reviewed by Navy Medicine's senior leadership during the annual planning process meeting this fall. Factors considered in their deliberations are evident in the new indicators. Critical to completion of the Readiness Goal performance measures is completion of the "Galactic Radiator", to allow for reassignment of personnel. The People Goal will focus on tracking the training needed to serve on our operational platforms. The Technology Goal expands to consider both CONUS and OCONUS facilities requirements. Changes made to one of the indicators under the Stewardship Goal will properly reflect total resources being used by our facilities, vice only direct care spending. Although some health promotion indicators also relate to Readiness, these indicators will remain under the Health Benefit Goal.

STRUCTURE

Each of the goals will be presented with a brief overview of the goal, and the performance objectives. The performance objectives will be presented along with a baseline number, the FY97 goal, and the FY98 goal, where appropriate.

IV PERFORMANCE PLAN

READINESS

Accurate monitoring of the readiness status of Claimancy 18 will require successful implementation of the Galactic Radiator program and uploading into TFMMS of the new Authorized Manning Documents for the various platforms (e.g. T-AH, FMF). The MPAS module of SPMS needs to be modified to provide for flexibility in reporting specific data sets (e.g. administrative requirements vice training requirements) for analysis. Pending the DoD implementation of the Defense Medical Human Resource System (DMHRS) in FY98, alternative data tracking systems (e.g. Microsoft Access/Excel based) may have to be employed on an interim basis.

	Objective	**Baseline**	**FY97 Target**	**FY98 Target**
1a	To ensure that 95% of the filled reserve billets for medical platforms will have assigned personnel with appropriate medical specialty by end of FY97.	69%	95%	95%
1b	To ensure that 95% of the augmentation billets for each platform have personnel assigned matching the billet requirements by end of FY97.	70%	95%	95%
2	To ensure that 95% of deployable personnel, including non-medical, within Claimancy 18 will have wills/power of attorney, immunizations, glasses, gas mask inserts, dog tags, single parent provision, health and dental records, and Geneva Convention Cards by end FY97.	N/A	95%	95%
3	100% of deployable platforms will achieve designated phased readiness level by the end of Fiscal Year 97.	85%	95%	95%
4	NAVMED will meet the DoD goal for Dental Readiness of 95%.	61%	95%	95%
5	Seventy-five percent (75%) of new recruits have sealants placed during recruit training by the end of FY97 and 100% by the end of FY98.	N/A	75%	100%
6	90% of all personnel will have an orientation to their platform within six months of assignment.	N/A	90%	92%

N/A = Not Available TBD = To Be Determined

PEOPLE

Although the FY96 performance indicator was modified, further refinement is necessary in order for it to report specifically the percentage of specialty billets filled. The five Corps offices will coordinate with MED-52 to identify specific skill groups. MED-52 will continue to gather data from MED-07 and MED-00HC, consolidate and report this data. The modification made to the FY96 end-of-year metric will continue.

Two additional performance indicators were identified. The first is an indicator which measures the percentage of core fleet hospital personnel who have been trained for both the Active Component and Reserve Component. The second calls for the measurement of the percentage of Navy medical personnel trained in customer relations.

	Objective	**Baseline**	**FY97 Target**	**FY98 Target**
7	Both active and reserve specialty fill, (by Navy Enlisted Code and subspecialty as well as by appropriate substitutes as required) will be at least 95% of Billets Authorized.	N/A	95%	95%
8	80% of core hospital staff for Active and Reserve Fleet Hospitals will have been trained as a group by the end of FY97 and 100% by the end of FY98.	10%	80%	100%
9	50% of Navy Medical Department personnel trained in customer relations by the end of FY97 and 95% trained by the end of FY98.	N/A	50%	95%

N/A = Not Available TBD = To Be Determined

TECHNOLOGY

Of the three objectives for FY96, two of the indicators were completed, but will be modified and revised. For FY97, a validation process will be initiated with the commanding officer of each activity to assure that each staff member has a functioning e-mail address and actually uses this capability. Additionally, CHCS deployment was completed as planned, however, the plan did not encompass many sites that were non-cost beneficial nor funded. A deployment and funding plan for these additional sites (MTFs, DTFs, and Fleet Units) will address this additional deployment over the next three years.

Deployment of the Ambulatory Data System (ADS) was not completed during FY96, and will be carried over as a FY97 objective. During deployment to large facilities, system instability was identified, requiring trouble shooting, software modifications, and printer swapout for correction. Deployment is expected to be completed by mid-year.

Along with the deployment of ADS, a new measure is being added this year to track usage of the system at our facilities. The real benefit of the system is usage by our medical personnel to record biometrics information on our patients. A workload measure will track actual versus expected usage of ADS.

While we are implementing systems to minimize data entry into multiple systems, we all have a goal of exploiting information technology to improve communication among our facilities. In order to achieve this goal, two new objectives have been added to track for the year. The first is expanding WWW access to key managers in Navy Medicine, and second to optimize the use of Video Teleconference technology throughout Navy Medicine

	Objective	**Baseline**	**FY97 Target**	**FY98 Target**
10	100% of the Ambulatory Data System to all MTFs by the end of FY97.	40%	100%	100%
11	100% of all ambulatory workload processed through ADS by End of FY97.	20%	100%	100%
12	Validate 100% e-mail usage by all members of the Navy Medical Departments by end of FY97	68%	100%	100%
13a	Expanded deployment of CHCS to remaining MTFs by end of FY97	98%	100%	100%
13b	Expanded deployment of CHCS to remaining DTFs	10%	30%	100%
13c	Expanded deployment of CHCS to Fleet TMIP: Identify/Validate sites in 90 days Deployment 20% by end of FY97, 50% by end of FY98, 100 % by end of FY99.	9%	20%	50%

	Objective	Baseline	FY97 Target	FY98 Target
13d	Deployment of CHCS version 4.5 by end of FY97	5%	100%	
14	Expand WWW access to key managers throughout Navy Medicine	20%	100%	100%
15	Optimize current investment in VTC utilization in Navy Medical Department	N/A	TBD	TBD

N/A = Not Available TBD = To Be Determined

STEWARDSHIP

For FY97, the performance objective reflecting achievement of financial awareness through training or equivalent experience was modified to more realistically reflect the needs of the right training at the right time. The PXO slate each fall will serve as the target audience with training or validation of experience being accomplished equally spread over the second through fourth fiscal quarters. The modified indicator will be utilized to provide a more global (claimant level) focus.

The original Patient Care dollars per beneficiary was reviewed at mid-year and deemed to be flawed in that it could reflect good or bad performance that was not necessarily indicative of the true system performance. A modification was recommended and accepted. The revised indicator is a more global indicator from the AWARE application that encompasses all financial performance.

Since our current workload reporting systems do not provide enough information for a change from the Medical Workload Unit per beneficiary objective, this indicator will continue to be tracked for FY97. As additional workload reporting systems are deployed and improved information is available, this measure will likely be modified.

A metric to improve data reliability and drive our system into control is being added. The metric will utilize a run chart approach with metrics derived from the accounting system that reflect comparative analysis of unit cost and labor force productivity at the cost account level. Command budgets will be adjusted on the basis of their own data to focus on the importance of valid data in our increasingly business like environment. Specific performance levels will be tracking during FY97, with objectives defined for FY98.

	Objective	**Baseline**	**FY97 Target**	**FY98 Target**
16	100% of PXO pool will have obtained financial management competency as measured by course attendance or other appropriate training as determined by MED-01 by end of the fiscal year in which they are selected. Phased as follows: 33% by end of second quarter, 66% by end of third quarter, and 100% by end of the fiscal year.	N/A	100%	100%
17a	Capitated Dollars Per Beneficiary will not grow beyond the authorized inflation rate.	FY96 CAP MODEL RATE	OASD(HA) 3.79% Medical Inflation	TBD FY98 CAP MODEL
17b	Medical/Dental Work Units Per Beneficiary: System wide utilization will remain constant or increase while meeting target rates for individual patient utilization.	FY96 [AWARE] MWU/BEN	Trend quarterly using new RAPS population estimates	Trend quarterly using new RAPS population estimates

	Objective	Baseline	FY97 Target	FY98 Target
18	Unit cost and staff productivity performance will be stabilized by each command to reflect a variation of not more than 2 standard deviations. Resource and manpower adjustments will focus on those outside of two standard deviations. (Final goal needs to be determined, after review of current data. In FY97, the metric will be reviewed to create the FY98 standard.)	N/A	Baseline	TBD

N/A = Not Available TBD = To Be Determined

HEALTH BENEFIT

The FY97 Health Benefit Performance Indicators represent an aggressive approach to reducing lost work days due to preventable diseases and unhealthy lifestyles. At the same time our goals will focus on strengthening our preventive medicine and wellness programs.

Navy Medicine recognizes the changing face of the health care industry and health care delivery mechanisms. We will continue to fully integrate TRICARE into the overall health benefit for service members, retirees and their families in order that they may have ready access to a uniform benefit which is managed, marketed, and delivered in an integrated system. With the last of the contracts coming on line in 1997, we will continue to push for TRICARE enrollment, and discourage voluntary disenrollment. We will also measure and meet the TRICARE standard for access in our direct care facilities.

All of our performance indicators rely on superior communication skills at all levels of Medical Department leadership. Only outstanding communication will facilitate each of these indicators and allow all the information necessary for informed personal choices concerning health living and selection of medical care. In particular, our aggressive goal to decrease and, ultimately, eliminate smoking among Medical Department military personnel demonstrates a firm belief in the principles we espouse.

	Objective	**Baseline**	**FY97 Target**	**FY98 Target**
19	Rate per 1000 Active Duty population with Hepatitis B will meet or be better than Healthy People 2000 goal.	.05/1000	.04/1000	.04/1000
20	Rate per 1000 Active Duty population with Syphilis will meet or be better than Healthy People 2000 goal.	.12/1000	.04/1000	.04/1000
21	Newly diagnosed cases of HIV will approach 0 by FY 00.	126	50	25
22	No more than 18% of the Active duty population will be on a remedial weight loss program.	5%	4%	3%
23	No more than 20% of the Active Duty population will be medically waived from participating in the PRT.	8.6%	4%	3%
24a	Nationally, Navy Medicine will meet the following percentage enrollment in TRICARE Prime for all non-Active Duty beneficiaries	N/A	16% by Jan 97	43% by Jul 99
24b	Nationally, Navy Medicine will meet the following percentage enrollment in TRICARE Prime for Active Duty Family	N/A	20% by Jan 97	57% by Jul 99

	Objective	Baseline	FY97 Target	FY98 Target
24c	Nationally, Navy Medicine will meet the following percentage enrollment in TRICARE Prime for (Retiree and Family) <65	N/A	11% by Jan 97	27% by Jul 99
25	Less than 10% of those enrolled in TRICARE will voluntarily disenroll each year due to dissatisfaction with the system.	N/A	<10%/Yr	<10%/Yr
26	By the end of FY97 all Claimancy 18 activities will meet or surpass the TRICARE standard for access.	TBD	100%	100%
27	The goal is to ensure that 80% of Active Duty service members receive a dental prophylaxis annually.	TBD	100%	100%
28	Implement a Health Risk Appraisal Program for all DON military personnel by the end of FY98	N/A	Baseline	100%
29	Provide the Basic Immunization Series for 90% of enrollees by the end of FY97 and 100% by the end of FY98.	TBD	90%	100%
30	Smoking by Navy Medical Department Military Personnel will be reduced by 50% by the end of FY97, 75% by the end of FY98, and all will be smoke free by the end of FY 2000.	TBD	Reduction to 50% of total	Reduction to 75% of total

*Jan 97 **by Jul 99 N/A = Not Available TBD = To Be Determined

V. CONCLUSION

The Navy Medical Department has been making steady progress in identifying and defining performance measures. Each of the measures has a current objective which is to be achieved, or a target level is being defined. This is a learning process for the organization, and changes will occur as we are able to better define outcomes in a measurable form.

In this plan, we have moved closer toward the requirements of the GPRA, but still have areas where significant movement is needed. At this point in the planning process, the lack of an ability to tie resources to the performance objectives or strategic goals is a major hurdle, which must be overcome.

With this plan, we have done a better job identifying the management actions which will be required to accomplish the objectives. Even though this is the case, some of the objectives lack specific information on how the objective will be achieved and what systems will be used to collect the data. During the year, Navy Medicine will identify the specific actions required to achieve our objectives and the appropriate data sources for measurement.

The attainment of the goals established in these performance objectives is dependent upon the combined effort of each and every member of Navy Medicine. These objectives belong to all of Navy Medicine, and only through the proactive efforts of our staff, in support of our Champions, will Navy Medicine achieve our goals for FY97 and beyond.

APPENDIX A

Detailed Information on Performance Indicators

FY97 Performance Indicators

	PERFORMANCE INDICATORS	STRATEGIC PLAN GOALS					Carry Over	Revised	New	MONITOR & TRACK
		Readiness	People	Technology	Stewardship	Health Benefit				
1	Augmentation billets for platforms have matching personnel.							X		MED-02/MED-07
	1a) Reserve	X						X		MED-07
	1b) Active Duty	X					X			MED-02
2	Administrative requirements met for platforms	X					X			MED-02
3	Deployable medical platforms at designated phased readiness.	X					X			MED-02/MED-04 N931
4	Dental readiness	X						X		MED-06
5	Sealants for Recruits	X							X	MED-06
6	Platform Training Opportunity	X							X	MED-02/N931
7	Active and reserve inventory 95% of BA		X					X		MED-05/MED-07/ CORPS CHIEFS
8	Fleet Hospital Training		X						X	MED-05/MED-02/ MED-07/N931
	8a) Active Duty Hospitals		X						X	MED-05/MED-02
	8b) Reserve Hospitals		X						X	MED-05/MED-02/ MED-07
9	Customer Service Training		X						X	MED-05/MED-03
10	Deployment of Ambulatory Data System by end FY97			X			X			MED-09D
11	Ambulatory Data System Usage			X					X	MED-09D
12	E-mail connectivity			X			X			MED-09D
13	Deployment of CHCS version 4.4 by end FY97			X				X		MED-09D
	13a) MTFs			X				X		MED-09D
	13b) DTFs			X					X	MED-09D
	13c) Fleet			X					X	MED-09D
14	VTC Utilization			X					X	MED-09D
15	WWW Access			X					X	MED-09D
16	Financial management training				X			X		MED-05/MED-01
17	Overall system performance				X			X		MED-01/MED-06
	17a) Capitated dollars per Beneficiary				X			X		MED-01
	17b) Medical/Dental Workload per Beneficiary				X		X			MED-01/MED-06

18	Financial Data Reporting Integrity (Baseline in FY97)				X				X	MED-01
19	Hepatitis B rates per 1000 Active Duty					X		X		MED-02/MED-03
20	Syphilis rates per 1000 Active Duty					X		X		MED-02/MED-03
21	New HIV cases					X		X		MED-02/MED-03
22	Remedial weight loss program					X		X		MED-02/MED-03
23	PRT Waivers					X		X		MED-02/MED-03
24	TRICARE enrollment					X	X			MED-03
25	TRICARE disenrollment					X		X		MED-03
26	TRICARE Access Standards					X			X	MED-03
27	Dental Prophylaxis for Active Duty Personnel					X			X	MED-06
28	Health Risk Appraisal Program (Baseline FY97)					X			X	MED-02/MED-03
29	TRICARE Enrollee Immunization Rates (Baseline FY97)					X			X	MED-02/MED-03
30	Smoking Cessation (Baseline Establishment FY97)					X			X	MED-02/MED-03
	TRICARE Presentation Major Commands and RLC					X	**DROP**			MED-03
	TRICARE Presentation to Active Duty					X	**DROP**			MED-03

Total indicators for FY97	30
Carry Over	5
Revised Indicators	12
New Indicators	13
DROPPED From FY96	2

Goal 1 - Readiness

Performance Indicator # 1a - Augmentation Billets for Reserve Medical Platforms (Fleet Hospitals)

A. Performance Improvement Goal

To ensure that 95% of the filled reserve billets for Reserve Fleet Hospital Platforms will have assigned personnel with appropriate medical specialty by end of FY97.

B. Description:

1. Definition - Claimancy and non-claimancy 18 Reserve medical force billets are filled by personnel with appropriate medical specialty and grade.

2. Population - Reserve Medical force.

3. Frequency - Quarterly.

4. Data source - Reserve Training Support System (RTSS) and Inactive Manpower & Personnel Management Information System (IMAPMIS)

5. Process Owner - MED-07

C. Computation:

$$\frac{\text{\# of Reserve Medical platform billets filled with appropriate specialty \& grade}}{\text{Total \# of Reserve Medical platform billets}}$$

D. Objective and Assessment:

Ninety-five percent of the Claimancy and Non-claimancy 18 Reserve medical force billets designated as augmentation billets for each platform should be filled by medical personnel with the appropriate medical specialty and grade. Tracking of this metric should identify problem areas where corrections can be applied.

Goal 1 - Readiness

Performance Indicator # 1b - Augmentation Billets for Active Duty Medical Platforms

A. Performance Improvement Goal

To ensure that 95% of the augmentation billets for each platform have personnel assigned matching the billet requirements by end of FY97.

B. Description:

1. Definition - Active Duty Medical Augmentation billets are filled by personnel with appropriate medical specialty and grade, as required by BUMEDINST 6440.5A with input required from the T-AH Program Manager, USMC, CINCLANT, CINCPAC, N-931, and PML-500. This information will fluctuate as the Galactic Radiator is implemented in the system.

2. Population - Active Duty Medical/Dental Personnel assigned to MPAS.

3. Frequency -Quarterly.

4. Data source - TFMMS (Total Force Manpower Management System), MPAS (Medical Personnel Augmentation System).

5. Process Owner - OPNAV-931/MED-02

C. Computation:

$$\frac{\text{\# of MPAS billets filled by personnel with appropriate specialty \& grade}}{\text{Total \# of MPAS billets in MPAS}}$$

D. Objective and Assessment:

Ninety-five percent (95%) of MPAS billets for each platform should be filled by medical personnel with the appropriate medical specialty and grade. The implementation of the Galactic Radiator is critical to obtaining a meaningful measure from this metric. Tracking of this metric will identify problem areas, where corrections can be applied.

Goal 1 - Readiness

Performance Indicator # 2 - Administrative Requirements Met for Platforms

A. Performance Improvement Goal:

To ensure that 95% of deployable personnel, including non-medical, within Claimancy 18 will have wills/power of attorney, immunizations, glasses, gas mask inserts, dog tags, single parent provision, health and dental records, and Geneva Convention Cards by end FY97.

B. Description:

1. Definition: Administrative requirements identified by BUMEDINST 6440.5A (Medical Augmentation Program (MAP)) are mandatory for all personnel entered in MPAS.

2. Population - Active duty medical/non-medical personnel assigned to MAP.

3. Frequency - Monthly

4. Data Source - MPAS

5. Process Owner - MED-02

C. Computation:

$$\frac{\text{\# of personnel entered in MPAS who meet Administrative Requirements}}{\text{Total \# of personnel in MPAS}}$$

D. Objective and Assessment:

To have 95% of personnel assigned to MPAS fulfill administrative requirements for augmentation by end of FY97. Tracking will identify problem areas and note where corrections can be applied.

Goal 1 - Readiness

Performance Indicator # 3 - Deployable Platforms at Designated Readiness

A. Performance Improvement Goal:

To ensure deployable medical platforms are at the designated phased readiness C-Status for manning, equipment and supplies to meet the requirements in the CINC OPPLANS: 100% of deployable platforms will achieve designated phased readiness level by the end of Fiscal Year 97.

B. Description:

1. Definition - Designated readiness is obtained when deployable medical platforms meet the individual platform C-Status requirement for manning, equipment and supplies identified by the CINC OPPLANs.

2. Population - Deployable Medical Platforms

3. Frequency - Monthly

4. Data Source - MPAS, NAVMEDLOGCOM

5. Process Owner - MED-02/MED-04/N931

C. Computation:

$$\frac{\text{\# of deployable platforms at designated phased readiness C-status level}}{\text{Total \# of deployable platforms}}$$

D. Objective and Assessment:

Upon completion of the Galactic Radiator, and development of the required designated readiness phasing plan by N931, the deployable medical platforms will be evaluated against requirements. Deployable medical platforms will be at designated phased readiness C-status for manning, equipment and supplies to meet CINC OPPLANs requirements for individual platforms. Tracking results will enable Navy Medicine to identify area of concerns and determine where improvements are required.

Goal 1 - Readiness

Performance Indicator # 4 - Dental Readiness

A. Performance Improvement Goal:

NAVMED will meet the DoD goal for Dental Readiness of 95%.

B. Description:

1. Definition - Dental Readiness is the number of personnel in dental classification 1 & 2 over the total number of records reported. Manual of the Medical Department, NAVMED P-117, Chapter 6-101 defines the dental classifications used to designate the oral health status and the urgency or priority of dental treatment needs.

2. Population - All Active Duty Navy and USMC personnel worldwide.

3. Frequency - Quarterly

4. Data Source - Direct input from commands.

5. Process Owner - MED-06

C. Computation -

$$\frac{(\text{\# of class 1 \& 2})}{(\text{Total \# of class 1 thru 4})}$$

D. Objective and Assessment:

Operational Dental Readiness (ODR) statistics provide a quantifiable method for unit Commanders to evaluate the focus and support of their dental health program. Additionally, it allows dental commanding officers to program the most effective utilization of their resources. Navy's dental managed care program directs a prioritized approach, with the maximum care rendered at the earliest possible time to those in the most critical dental condition. Navy and DoD can track increases in ODR which should equate to improved oral health and overall readiness. It should be noted that 100% ODR and total oral health are not synonymous, since class 2 personnel still have a need for dental treatment. Beginning in FY97, DoD(HA) has provided new resources to reach the DoD goal.

Goal 1 - Readiness

Performance Indicator # 5 - Sealants for Recruits

A. Performance Improvement Goal:

Seventy-five percent (75%) of new recruits have sealants placed during recruit training by the end of FY97 and 100% by the end of FY98.

B. Description:

1. Definition - Dental sealants are plastic filling material that is applied to the pit and fissures of mainly posterior teeth to prevent the accumulation of material that can lead to decay. It is not an invasive procedure and has a proven record of significantly reducing occlusal decay.

2. Population - Caries susceptible recruits.

3. Frequency - Quarterly

4. Data Source - NDCs at RTCs; DENMIS database

5. Process Owner - MED-06

C. Computation -

$$\frac{\text{\# of recruits with sealants on indicated teeth}}{\text{total \# of recruits indicated for sealants}}$$

D. Objective and Assessment:

Sealants have been demonstrated to be effective in decreasing caries and thus will improve readiness. The goal is time-phased to allow for the anticipated time required to institute the program at all recruit sites.

Goal 1 - Readiness

Performance Indicator # 6 - Personnel Assigned to Augmentation Platforms Have An Opportunity To Train On Their Platform

A. Performance Improvement Goal:

Critical to the readiness of our augmentation platforms is the familiarity our people have with their augmentation spaces. Ninety percent (90%) of people assigned to an operational platform will receive an orientation to that platform. For those personnel assigned to an operational platform homeported overseas (USS Belleau Wood or III Marine Expeditionary Force and its major subordinate commands) orientation should take place at a similar CONUS-based platform site. OCONUS MTF/DTF platform augmentees are exempt from this orientation requirement.

B. Description:

1. Definition -.Familiarity with the physical layout of augmentation platforms is critical to optimal performance by providers in contingency situations.

2. Population - Personnel assigned to augmentation platforms

3. Frequency -semi-annual

4. Data Source -MPAS,SPMS

5. Process Owner - MED-02/05

C. Computation -

$$\frac{\text{\# of personnel who have had orientation to their platform}}{\text{\# of personnel assigned to the platform}}$$

D. Objective and Assessment:

Ninety percent (90%) is a target goal for initial benchmarking. Tracking will identify which platforms(e.g. FMF,CRTS, Fleet Hospital, Hospital Ship) need increased support in order to achieve desired goal.

Goal 2 - People

Performance Indicator # 7 - Active and Reserve Specialty Fill 95% of BA

A. Performance Improvement Goal:

This measure is designed to ensure Active Duty (AD) and selected reservists (SR) have the appropriate skills to meet the mission requirements. Navy medicine needs to be sure that personnel filling specialized billets have the required skills to perform their jobs.

B. Description:

1. Definition - AD and SR specialty fill will be at least 95% of Billets Authorized. Specialty fill will be calculated at subspecialty (SSP) code level for officers and at the Navy Enlisted Code (NEC) level for enlisted. Analysis will account for authorized substitutes (as determined by Corps Chiefs), and results of analysis will be reported after aggregation to the Corps level for officers (MC, DC, MSC, NC) and community level for enlisted (HM, DT).

2. Population - All Navy Medical Department military personnel (AD and SR).

3. Frequency - Quarterly

4. Data source -
   Billets:
   All AD - TFMMS (Total Force Manpower Management System)
   All SR - RTSS (Reserve Training Support System)
   Personnel:
   AD Officers - BUMIS (Bureau of Medicine Information System)
   AD Enlisted - Enlisted Community Managers at BUPERS
   All SR - IMAPMIS (Inactive Manpower Personnel Management Information System)
   Authorized Substitutes for SSPs and NECs: Corps Chiefs

5. Process Owners - MED-05/Corps Chiefs

C. Computation:

$$\frac{\text{\# Personnel w/required SSP or NEC (including authorized subs)}}{\text{Total billets authorized}}$$

D. Objective and Assessment:

The objective is to have the right people to do the job. This assessment, critical to Navy Medicine, ensures that we have personnel available with the necessary skills (SSPs/NECs) to meet mission requirements.

Goal 2 - People

Performance Indicator #8 - Active and Reserve Fleet Hospital Training

A. Performance Improvement Goal:

This measure is designed to ensure Fleet Hospital personnel of Active and Reserve Fleet Hospitals are adequately trained to acquire appropriate skills to meet mission readiness and operational requirements.

B. Description:

1. Definition - By the end of FY97, 80% of the core staff for Active and Reserve Fleet Hospitals will have been trained as a group. By the end of FY98, 100% of Active Duty and reserve hospital core staff will have trained as a group. One of the six Active Duty fleet hospitals has already trained as a unit. Training is planned during FY97 for the remaining five Active Duty fleet hospitals. Resources for training for Active Duty fleet hospitals are already programmed.

2. Population - All Navy Medical Department personnel.

3. Frequency - Quarterly

4. Data Source - MED-27 (MPUAS portion of SPMS), Military Training Facility (MTF) Command Education and Training Coordinators, MED-72

5. Process Owner - MED-05/MED-02/MED-07/N931

C. Computation: $\frac{\text{Total number of fleet hospitals with core training completed}}{\text{Total number of fleet hospitals}}$

D. Objective and Assessment:

Fleet Hospital Training statistics provide a quantifiable method for BUMED, COMNAVSURFRESFOR, and Fleet Hospital Commanding Officers to assess the training readiness of each fleet hospital unit. Field training is required for essential personnel assigned to a fleet hospital (approximately one-third of all assigned personnel). Tracking results will enable Navy Medicine to identify areas of concern with respect to training in support of medical readiness, and determine where improvements are required.

Goal 2 - People

Performance Indicator # 9 - Customer Service Training

A. Performance Improvement Goal:

This measure enhances the customer service focus within Navy medical and dental treatment facilities.

B. Description:

1. Definition - Fifty percent (50%) of Navy Medical Department personnel trained in customer relations by the end of FY97 and 95% trained by the end of FY98.

2. Population - All front-line Navy Medical Department personnel (as identified by MED-533) at MTFs/DTFs.

3. Frequency - Quarterly

4. Data source - Reported by MTFs/DTFs.

5. Process Owners - MED-05 and MED-03

C. Computation:

$$\frac{\text{\# of individuals who have completed the training}}{\text{Total population}} \times 100$$

D. Objective and Assessment:

The objective is to train personnel in customer relations skills. This measure will provide a yardstick to evaluate whether personnel have the necessary skills to improve customer service.

COMMENTS:

- The focus of this training has been on "front line" initial customer contact personnel at MTFs/DTFs, not all personnel.

- MED-03 has been primary POC for customer relations training at the present.

- The contractor is NOT providing train-the-trainer instruction. "Front line" initial customer contact personnel, as identified by the MTF/DTF and MED-03, are being trained. A "leave behind" package will be provided by the contractor to allow MTF/DTFs to sustain the training.

Goal 3 - Technology

Performance Indicator # 10 - Deployment of Ambulatory Data System

A. Performance Improvement Goal:

Lack of available integrated technology for storing and transferring outpatient medical information decreases productivity and adversely impacts quality of care, readiness, patient satisfaction, resource use, and efficiency. The development and deployment of an integrated digital information management system that will capture outpatient data will augment the compiling of medical information.

B. Description:

1. Definition - 100% of the Ambulatory Data System to all MTFs by the end of FY97.

2. Population - All MTFs CONUS & OCONUS

3. Frequency - Monthly

4. Data Source - NMIMC

5. Process owner - MED-09D

C. Computation:

$$\frac{(\text{\# of MTFs deployed system})}{(\text{\# of MTFs})} \times 100$$

D. Objective and Assessment:

To assess the deployment and availability of the Ambulatory Data System for use by personnel collecting health care information

Goal 3 - Technology

Performance Indicator # 11 - Ambulatory Data System Usage

A. Performance Improvement Goal

100% of all ambulatory workload processed through ADS by End of FY97

B. Description:

1. Definition - The purpose of the ADS is to classify ambulatory workload in accordance with commonly used coding schemes in the private sector. Using ADS, the coding of each patient visit will take place in the provider's office at the time of the visit.

Based on lessons learned during FY96, we need to develop and execute a robust test plan prior to ADS deployment to large medical centers, to assure that the system has adequate capacity and stability.

To reduce risk further we will develop an approach to modify requirements and system functionality based on user feedback. The system allows certain site-specific and provider-specific tailoring at the MTF within the current design, minimizing the potential resource and schedule impact of changes needed to address changes in the types of patients most frequently seen.

2. Population - All Health Care Providers

3. Frequency - Report metric monthly.

4. Data Source - Biometrics data (DMIS, Fort Detrick)

5. Process Owner - MED-09D

C. Computation:

$$\frac{\text{Weekly ADS Records}}{\text{Weekly CHCS PAS Appointments}}$$

D. Objective and Assessment:

100% by end of FY97

Goal 3 - Technology

Performance Indicator # 12 E-mail Connectivity

A. Performance Improvement Goal

Validate 100% e-mail usage by all members of the Navy Medical Department by end of FY97. Use capacity planning as the foundation for network and systems design. Invest in e-mail packages that are compliant with the standards of the Defense Messaging System.

B. Description:

1. Definition - During FY96 substantial investment in information management was made throughout Claimancy 18. This investment included both the MED-OA network and the Composite Health Care System. Both capabilities provide e-mail access within the user's institution and to the Internet to any other valid e-mail address.

In addition, for members of the Navy Medical Department assigned to the Fleet, SALTS is an available capability also providing access to other valid e-mail addresses on the Internet.

There are perceptions that access to e-mail by users at the activity level is significantly less than 100% We will undertake to validate that each member of the Navy Medical Department has a functional e-mail address and is able to use it.

Use capacity planning as the foundation for network and systems design to assure that the needed system and network capacity is deployed throughout Claimancy 18.

Invest in e-mail packages that are compliant with the standards of the Defense Messaging System to assure that message attachments can be read by any recipient.

2. Population - All members of the Navy Medical Department.

3. Frequency - monthly

4. Data Source - Alpha rosters of each activity, and e-mail addresses from the domain name servers for each activity.

5. Process Owner - MED-09D

C. Computation:

$$\frac{\text{\# e-mail users at each activity}}{\text{\# staff at each activity (alpha roster)}} \times 100$$

Develop a capacity planning approach to use as a basis for forecasting future MED-OA upgrade requirements.

Promulgate standards for the Defense Messaging System throughout Claimancy 18 using the Annual IM/IT Planning Memorandum and the Worldwide Web.

D. Objective and Assessment:
Assure that all members of the Navy Medical Department have valid e-mail addresses and accounts, and that each is able to use e-mail.

Assure that members of the Navy Medical Department assigned to Fleet units have access to SALTS e-mail accounts.

Invest in information technology in Claimancy 18 in accordance with Defense Messaging System standards.

Goal 3 - Technology

Performance Indicator # 13 (a,b,c,d) Deployment of CHCS

A. Performance Improvement Goal

The program baseline for FY96 did not include many activities that are now recognized as needing CHCS support.

Expanded deployment of CHCS to remaining locations

- 13a. MTFs
- 13b. DTFs
  - 30% by end of FY97
  - 100% by end of FY98
- 13c. Fleet
  - TMIP: Identify/Validate sites in 90 days
  - Deployment
    - 20% by end of FY97
    - 50% by end of FY98
    - 100% by end of FY99
- 13d. Deploy CHCS version 4.5 by end of FY97

CHCS is now recognized as providing valuable support for health care operations in large Fleet units. In order to fully realize the benefits of CHCS connectivity with the Fleet, MTF appointment system should be accessible to health care providers from their Fleet worksites.

All referrals among MTFs, including those from the Fleet, would be facilitated by implementation of consults in CHCS. There are software products developed at Tripler Medical Center to put consults into CHCS (called "GT Namespace SW"). This GT Namespace SW should be assessed for broad applicability within 90 days. Cost and schedules estimates for deployment of GT products should be developed within 120 days.

In order to obtain the support of Fleet resource sponsors for deployment of CHCS to all large units of the Fleet, key stakeholders need to be briefed on TMIP.

An improved method for on-going assessment of user satisfaction with CHCS needs to be put in place.

Contractor support for CHCS has set the standard for support for all IM/IT initiatives throughout Claimancy 18. Adequate support should be programmed as part of the life cycle of all IM/IT initiatives

CHCS has become critical to the health service operations of MTFs. A fail safe contingency capability is needed to assure continuity of operations despite the occurrence of catastrophic disasters.

There is growing recognition of the importance of interoperability among MTFs of the three Military Services. Standardization of patient appointment types will enable basic sharing of appointments across MTFs co-located in overlapping catchment areas, such as the National Capitol Region.

B. Description:

1. Definition - Expanded CHCS program baseline deployment schedule for next 2 years, to include remaining locations as indicated above.

Develop an improved method for on-going assessment of user satisfaction with CHCS.

Adequate site-level contractor support should be programmed as part of the life cycle of all IM/IT initiatives in Claimancy 18.

A fail safe contingency capability is needed for CHCS to assure continuity of operations despite the occurrence of catastrophic disasters.

Standardization of patient appointment types in the National Capitol Region will enable basic sharing of appointments across MTFs co-located in overlapping catchment areas.

2. Population - 13a. MTFs
   13b. DTFs
   13c. Fleet
   13d. Existing CHCS sites

Develop an on-going satisfaction assessment methodology available to any CHCS user.
Include site-level contractor support in cost estimates of all IM/IT projects.
Develop a fail safe architecture plan and implementation cost and schedule estimates.
Standardize appointment types used by the three Military Services in the National Capital Region.

3. Frequency - quarterly

4. Data Source - CHCS II Program Office; TMIP Program Office

5. Process Owner - MED-09D

C. Computation:

1. Measure compliance with CHCS deployment targets as indicated above.
2. Deploy user satisfaction methodology.

3. Review all projects for inclusion of on-site support in life-cycle program baseline costs estimates.
4. Develop a plan to implement a fail-safe capability for CHCS with cost and schedule estimates.
5. $\frac{\text{number of standard appointment data elements implemented}}{\text{total number of appointment data elements in CHCS data bases in NCR}}$ X 100

6. Develop list of key Fleet stakeholders and schedule TMIP briefings, and report progress
7. Report number of MTFs with nearby Fleet units which have given direct access to MTF PAS module to the providers in the Fleet to directly appoint referrals to the MTF from the ship/Marine unit.
8. $\frac{\text{number installed CHCS sites with version 4.5}}{\text{number of installed CHCS sites}}$ X 100

D. Objective and Assessment:

1. Measure compliance with CHCS deployment targets as indicated above.
2. Deploy user satisfaction methodology for CHCS.
3. Include on-site support in life-cycle program baseline costs estimates.
4. Measure percent of implemented appointment types which are standard
5. National fail-safe architecture
   Develop alternative reliability/cost approaches in 90 days
   Develop a 3-year phase-in plan in 180 days.
6. Tri-Service data standardization
   Complete standardization of appointment types in National Capital Region by end of FY97
7. Establish Claimancy 18 policy to open MTF appointment system to fleet providers
8. Assess TAMC GT products (e.g., consultations) for applicability within 90 days. Develop cost and schedules estimates for deployment of GT products within 120 days.
9. Brief stakeholders and enlist their support for TMIP
10. To improve information available for managed care/tricare initiatives.

There are major resource implications for
- additional contractor support
- SW expansion to include GT products.
- Deployment to additional sites

Goal 3 - Technology

Performance Indicator # 14 WWW

A. Performance Improvement Goal

Expand WWW access to key managers throughout Navy Medicine:

B. Description:

1. Definition - Expand WWW access to key managers throughout Navy Medicine:
Use WWW to
    - Publish
        - TRICARE standards for health service
        - strategic plan metrics
        - other best-practices benchmark results
        - Defense Health Manpower Resources System (DHMRS) requirements
    - Offer a "what's new" button for key managers
        - SG special interest items
        - other special interest items

Provide access to WWW by division chiefs, department heads, service chiefs, and POMI/contingency office staffs
    - engage MTF/DTF commanders to
        - identify all potential/target WWW users
        - identify all staff who use WWW

2. Population - Directors, ESC members, CO, XO, Command Master Chief, Leading CPOs

3. Frequency - quarterly.

4. Data Source - NMIMC (Code 03)

5. Process Owner - MED-09D

C. Computation:

$$\frac{\text{number of key MTF personnel with access to WWW}}{\text{number of MTF personnel in key positions listed above}} \times 100$$

D. Objective and Assessment:

Maintain WWW information current (maximum = one week delay) with respect to evolving project plans

Goal 3 - Technology

Performance Indicator # 15 VTC Utilization

A. Performance Improvement Goal

Extensive investment already made throughout Claimancy 18. Optimize current investment in VTC utilization in Navy Medical Department

B. Description:

Definition - Increase use of existing VTC for telemanagement through programs such as the following:

- Enhance local organizational expertise for local data analysis through distance/real-time learning
- VTC for readiness-related clinical skills improvements/maintenance
  - ⇒ Focus on large medical centers first
  - ⇒ Identify other uses for VTC to improve health service operations, reduce travel requirements or MHSS footprint.

2. Population - Claimancy 18 medical activities

3. Frequency - quarterly

4. Data Source - VTC usage data (time, subject matter) and telecommunications and maintenance cost from VTC records

5. Process Owner - MED-09D

C. Computation:

- frequency distribution of types of VTC sessions
- utilization rate (time) of VTC equipment

D. Objective and Assessment:

Learn more about utilization patterns for VTC.

Goal 4 - Stewardship

Performance Indicator # 16 - Financial Management Training

A. Performance Improvement Goal:

100% of PXO pool will have obtained financial management competency as measured by course attendance or other appropriate training as determined by MED-01 by end of the fiscal year in which they are selected. Phased as follows: 33% by end of second quarter, 66% by end of third quarter, and 100% by end of the fiscal year.

B. Description:

1. Definition - Measures the education of prospective Navy Medical leaders in financial management against predetermined goal. In order to use our assets in the most effective and efficient manner for health care delivery, we need to provide the necessary training. The financial management section of the Monterey Executive Management Program provides this training.

2. Population - All PXOs.

3. Frequency - Quarterly, starting in 2nd Quarter.

4. Data source - database

5. Process Owner - MED-05/MED-01

C. Computation:

$$\frac{\text{\# of PXOs who have completed the program or equivalency}}{\text{Total population of PXOs}}$$

D. Objective and Assessment:

The objective is educate personnel to develop a resource consciousness in Navy Medicine and execute efficient planning and resource usage. The value of the program will be determined by having MED-01 interview comptrollers to determine if differences are noticeable when dealing with CO's in budgetary matters. MED-05 will be the keeper of the database and coordinate with MED-01 for curriculum review.

Goal 4 - Stewardship

Performance Indicator # 17 - Overall System Performance

A. Performance Improvement Goal:

Measures the effective and efficient use of resources by Navy Medical Department facilities in the delivery of health care.

B. Description:

1. Definition -

17a. Capitated Dollars Per Beneficiary:

Dollars used in support of beneficiary population will not grow beyond the authorized inflation rate.

17b. Medical/Dental Work Units Per Beneficiary:

System wide utilization will remain constant or increase while meeting target rates for individual patient utilization.

2. Population - Populations as defined in the capitation model.

3. Frequency - Monthly

4. Data source - AWARE, RAPS, SEARS, DIRS

5. Process Owner - MED-01 and MED-06

C. Computation:

Done in AWARE. (See EIS Users Manual for complete details.)

D. Objective and Assessment:

In order for Navy Medicine to more effectively and efficiently use the resources in providing health care to our beneficiaries, Navy Medicine must ensure that the proper amount of medical care is given to individual beneficiaries.

Goal 4 - Stewardship

Performance Indicator # 18 - Financial Data Reporting Integrity

A. Performance Improvement Goal:

Unit cost and staff productivity performance will be stabilized by each command to reflect a variation of not more than 2 standard deviations. Resource and manpower adjustments will focus on those outside of two standard deviations. (Final goal needs to be determined, after review of current data. In FY97, the metric will be reviewed to create the FY98 standard.)

B. Description:

1. Definition - Measures variation in resource and manpower utilization with a focus on reducing variation, improved timeliness, consistency, and accurate reporting.

2. Population - All information in command financial plans.

3. Frequency - Monthly

4. Data source - RUMR

5. Process Owner - MED-01

C. Computation:

FTE and Dollar Amount of Resources associated with accounts that exceed two standard deviations. Final calculation to be determined after establishment of baseline.

D. Objective and Assessment:

Achieve Financial Data reporting integrity by:
1. Improving data reliability
2. Driving system into "control" to allow for continuous quality improvement.
3. Using information to achieve data driven decisions

Funding hierarchy oversight and allocation adjustment will be made pending review and corrective action of performance outliers. SITREP will be used to highlight best practices.

Goal 5 - Health Benefit

Performance Indicator # 19 - Hepatitis B Rates per 1000 Active Duty

A. Performance Improvement Goal:

Measures the rate of Hepatitis B for the Active Duty population. Sexually transmitted diseases reduce the effectiveness of the Sailors and Marines who need to complete their jobs. This indicator will track the progress to meeting the Healthy People 2000 goal.

B. Description:

1. Definition - Rate per 1000 Active Duty population with Hepatitis B will meet or be better than the Healthy People 2000 goal.

2. Population - Navy and Marine Active Duty personnel.

3. Frequency - Annual

4. Data source - Navy Environmental Health Center Disease Alert Report System

5. Process Owner - MED-02/MED-03

C. Computation:

$$\frac{\text{Total number of personnel with Hepatitis B}}{\text{Total population}} \times 1000$$

D. Objective and Assessment:

The objective is to reduce the incidence rate of Hepatitis B among the Active Duty population. By focusing on this problem Navy Medicine is working on improving the overall health of the Active Duty population.

Goal 5 - Health Benefit

Performance Indicator # 20 - Syphilis Rates per 1000 Active Duty

A. Performance Improvement Goal:

Measures the rate of Syphilis for the Active Duty population. Sexually transmitted diseases reduce the effectiveness of the Sailors and Marines who need to complete their jobs. This indicator will track the progress to meeting the Healthy People 2000 goal.

B. Description:

1. Definition - Rate per 1000 Active Duty population with Syphilis will meet or be better than the Healthy People 2000 goal.

2. Population - Navy and Marine Corps Personnel

3. Frequency - Annual

4. Data source - Navy Environmental Health Center Disease Alert Report System

5. Process Owner - MED-02/MED-03

C. Computation:

$$\frac{\text{Total number of personnel with Syphilis}}{\text{Total population}} \times 1000$$

D. Objective and Assessment:

The objective is to reduce the incidence rate of Syphilis among the Active Duty population. By focusing on this problem Navy Medicine is working on improving the overall health of the Active Duty population.

Goal 5 - Health Benefit

Performance Indicator # 21 - New HIV Cases

A. Performance Improvement Goal:

HIV is deadly disease that currently affects only a small number of Active Duty personnel, but even this small number should be reduced. Through the use of preventative programs and training, Navy Medicine hope to eliminate new occurrences of the disease.

B. Description:

1. Definition - Newly diagnosed cases of HIV will approach 0 by FY00.

2. Population - Navy and Marine Corps Personnel

3. Frequency - Annual

4. Data source - Navy Environmental Health Center Disease Alert Report System

5. Process Owner - MED-02/MED-03

C. Computation:

Total number of New HIV cases for Active Duty personnel.

D. Objective and Assessment:

The objective is to prevent new HIV cases among the Active Duty population. By focusing on this problem Navy Medicine is working on improving the overall health of the Active Duty population. By focusing on this problem, Navy Medicine will track its progress in eliminating new occurrences of this disease. The three sexually transmitted diseases identified above reduce the effectiveness of the Sailors and Marines who need to complete their jobs. These performance indicators will be tracked as a composite "sexually transmitted disease indicator" with subsets for each of the three listed. This is a significant problem that requires redoubled education efforts for all Department of the Navy Military Personnel whether they are assigned in CONUS or overseas.

Goal 5 - Health Benefit

Performance Indicator # 22 - Remedial weight loss program

A. Performance Improvement Goal:

The measure looks at improving the health of the Active Duty population by reducing the number of personnel who are overweight.

B. Description:

1. Definition - No more than 18% of the Active duty population will be on a remedial weight loss program.

2. Population - Navy Active Duty personnel

3. Frequency - Annual

4. Data source - BUPERS

5. Process Owner - MED-02/MED-03

C. Computation:

$$\frac{\text{Number of personnel on remedial weight loss program}}{\text{Total number of Navy Active Duty}}$$

D. Objective and Assessment:

The objective is to reduce the percentage of overweight Active Duty personnel to a level similar to the Healthy People 2000 goal. Navy Medicine is using a modified rate since the Active Duty population is expected to be healthier than the general population. In FY97, the measure looks at improving the health of the Active Duty population by reducing the number of personnel who attrited from the naval service because of excess body weight.

Goal 5 - Health Benefit

Performance Indicator # 23 - PRT Waivers

A. Performance Improvement Goal:

The measure focuses on the health of the active member with respect to physical conditioning. Those that are unable to participate in the PRT or who fail the PRT may be considered deficient in physical conditioning required to maintain a fit and healthy force. By looking at this indicator, we can begin to gauge the physical readiness of the Active Duty force.

B. Description:

1. Definition - No more than 20% of the Active Duty population will be medically waived from participating in the PRT.

2. Population - Navy Active Duty

3. Frequency - Annual

4. Data source - BUPERS

5. Process Owner - MED-02/MED-03

C. Computation:

$$\frac{\text{\# who are waived from PRT}}{\text{Total Active Duty Population}}$$

D. Objective and Assessment:

The objective of this indicator is to assess physical readiness of the Active Duty force by measuring the proportion who maintain a fitness level associated with regular vigorous physical activity. This indicator will measure the percentage of Active Duty personnel who cannot meet minimal fitness standards. The limit of 20% is based on the Healthy People 2000 goals of vigorous activity in young adults. In FY97, we plan to focus on those that are repeatedly unable to participate in the PRT because of physical conditions leading to a "medical waiver". By looking at this indicator, we can begin to gauge the integration of physical readiness and health promotion on the Active Duty force in an area that is within our circle of influence.

Goal 5 - Health Benefit

Performance Indicator # 24 - TRICARE Enrollment

A. Performance Improvement Goal:

This indicator measures the number of individuals who are participating in our managed care program. This program is designed to minimize the cost to both the participants and the government, while providing proper medical care. Enrollment into this program is important to the future of Navy Medicine. The goals take into consideration the phased implementation of TRICARE.

B. Description:

1. Definition - Nationally, Navy Medicine will meet the following percentage enrollment in TRICARE Prime.

	% OF ALL BENEFICIARIES OFFERED PRIME WHO ENROLL	% OF ACTIVE DUTY FAMILY MEMBERS WHO ENROLL	% OF RETIRED AND FAMILY MEMBERS UNDER 65 YEARS OLD WHO ENROLL
JAN 97	16	20	11
JUL 99	43	57	27

2. Population - All Navy and Marine Corps family members, retirees <65, and retiree family members < 65 offered TRICARE Prime.

3. Frequency - Quarterly

4. Data source - DMIS-SS

5. Process Owner - MED-03

C. Computation:

$$\frac{\text{\# of Beneficiaries enrolled}}{\text{Total \# of Beneficiaries}}$$

D. Objective and Assessment:

The objective is to enroll beneficiaries in our managed care plan to improve access to needed medical care, while reducing the overall cost of care. This percentage takes into account that Active Duty are enrolled at 100% and therefore are not included in the calculations. Assessing the enrollment into TRICARE prime is important for the future of Navy Medicine.

Goal 5 - Health Benefit

Performance Indicator # 25 - TRICARE Disenrollment

A. Performance Improvement Goal:

Less than 10% of those enrolled in TRICARE will voluntarily disenroll each year due to dissatisfaction with the system.

B. Description:

1. Definition - This indicator measures the number of individuals who are leaving our managed care program voluntarily each year. This program is designed to minimize the cost to both the participants and the government, while providing proper medical care. It is important that once an individual enrolls in our program that they stay in our program. Disenrollment is a sign of dissatisfaction with the program.

2. Population - All Navy and Marine Corps family members, retirees <65, and retiree family members <65 offered TRICARE Prime.

3. Frequency - Quarterly

4. Data source - DMIS-SS

5. Process Owner - MED-03

C. Computation:

$$\frac{\text{\# of Beneficiaries who disenroll}}{\text{Total \# of Beneficiaries enrolled}}$$

D. Objective and Assessment:

The objective is to enroll beneficiaries in our managed care plan to improve access to needed medical care, while reducing the overall cost of care. Once they are enrolled, we need to ensure they remain with the program. This percentage takes into account that Active Duty are enrolled at 100% and therefore are not included in the calculations. Assessing the disenrollment from TRICARE prime is important for the future of Navy Medicine.

Goal 5 - Health Benefit

Performance Indicator # 26 - Access to care

A. Performance Improvement Goal:

By the end of FY97 all Claimancy 18 activities will meet or surpass the TRICARE standard for access.

B. Description:

1. Definition - In order to maintain competitiveness and ensure equal treatment for all beneficiaries, all Claimancy 18 patient care activities will meet or surpass the TRICARE standard for access.

TRICARE Standards include those for initial appointments, follow-up appointments and other planned episodes of care.

2. Population - All Beneficiaries of care delivered by the Navy

4. Data Source - Individual Command Information

5. Process owner - MED-03

C. Computation:

Access times for MTFs = Access times for contract care

D. Objective and Assessment:

To ensure beneficiaries have equal chance of access to care regardless of provider. Also, to improve competitive position of Navy MTFs.

Goal 5 - Health Benefit

Performance Indicator # 27 - Dental prophylaxis for Active Duty personnel.

A. Performance Improvement Goal:

Eighty percent (80%) of Active Duty Navy and Marine Corps personnel will receive a dental prophylaxis annually.

B. Description:

1. Definition - Oral prophylaxis is a dental treatment modality which encompasses several specific therapeutic/preventive procedures and will contribute to oral health and readiness by decreasing the risk of dental caries and periodontal disease. The 1994 Tri-Service Comprehensive Oral Health Survey, Active Duty Report indicates that approximately 80% of Active Duty personnel require a dental prophylaxis alone or in conjunction with subgingival scaling.

2. Population - All Active Duty personnel.

3. Frequency - Quarterly; leading to annual 80% goal.

4. Data Source - Active duty database; EIS.

5. Process owner - MED-06

C. Computation:

$$\frac{\text{Number of personnel receiving dental prophylaxis}}{\text{Total number of personnel}}$$

D. Objective and Assessment:

The objective of this goal is to increase health, well being and readiness and reduce long term costs associated with dental disease and decreased readiness. This goal should be refined to better assess timeliness of access for required dental prophylaxis when worldwide dental treatment needs are collected and entered into an accessible database.

Goal 5 - Health Benefit

Performance Indicator # 28 - Health Risk Appraisal Program

A. Performance Improvement Goal:

Implement a Health Risk Appraisal Program for all DON military personnel by the end of FY98.

B. Description:

1. Definition - In order to provide a uniform and universal tool to assess health and health risk among all Department of the Navy military personnel.

Department of the Navy military personnel includes USN, USNR, USMC and USMCR personnel at all locations.

2. Population - All DON military personnel.

4. Data Source - Health Risk Appraisal tool in the form of a short survey to be completed by each member.

5. Process owner - MED-03/MED-02

C. Computation: To Be Determined.

D. Objective and Assessment:

Current health risk appraisal tools are neither uniform nor universal. Such a tool is required to be able to assess the level of health risk across the Department of the Navy. The tool will also provide for a mechanism to report health risks within an allotted time to each member's Primary Care Manager (PCM). Collecting and addressing health risk information will reduce costs associated with decreased readiness status and may save money by addressing health problems earlier.

Goal 5 - Health Benefit

Performance Indicator # 29 - Basic Immunization for all TRICARE enrollees

A. Performance Improvement Goal:

Provide the Basic Immunization Series for 90% of enrollees by the end of FY97 and 100% by the end of FY98.

B. Description:

1. Definition - Basic Immunization Series are the minimum requirements for immunization as recommend by the Department of Health and Human Services.

2. Population - All TRICARE enrollees.

4. Data Source - Annual enrollment Health Risk Appraisal

5. Process owner - MED-03/MED-02

C. Computation:

$$\frac{\text{Total Number TRICARE Enrollees Immunized}}{\text{TRICARE Enrollees}}$$

D. Objective and Assessment:

The objective of the goal is to ensure an immunization baseline for all beneficiaries enrolled in TRICARE. This is a relatively inexpensive way to promote health and wellness of our beneficiary population. Immunizations will decrease long term costs of care associated with those diseases that immunizations prevent.

Goal 5 - Health Benefit

Performance Indicator # 30 - Smoking Cessation by Navy Medical Department Military Personnel.

A. Performance Improvement Goal:

Smoking by Navy Medical Department Military Personnel will be reduced by 50% by the end of FY97, 75% by the end of FY98, and all will be smoke free by FY 2000.

B. Description:

1. Definition - Smoking among Medical Department personnel is an unhealthful practice for them, and sets a poor example for our patients. A smoking cessation program will increase awareness of the hazards of smoking and improve health of medical department personnel.

2. Population - All Navy Medical Department Personnel

USN AND USNR PERSONNEL, REGARDLESS OF STATUS:

a) Claimancy 18 MTFs and other activities
b) Medical Department Personnel stationed with operational forces of the Navy and Marine Corps.
c) Medical Department Personnel stationed at Marine Corps Activities including USMCR

4. Data Source - Individual Command Information

5. Process owner - MED-03/MED-02

C. Computation:

$$\frac{(\#\text{ of Personnel who quit smoking})}{(\text{Total \# who smoke})}$$

D. Objective and Assessment:

To improve the health and wellness of all medical department personnel and to set the example for our beneficiaries. Decreasing and eliminating smoking will also decrease the costs associated with smoking and with reduced readiness status.